

568

Form 8 5-09-4m.

PLACE OF DEATH

County of Maricopa
 District of Mesa 3*
 Town of Mesa City
 or
 City of _____

(If death occurs away from USUAL (No. _____, St. _____, Ward. _____) (If death occurred in a Hos-
 RESIDENCE, give facts called for
 under "Special information.")

FULL NAME

Christena J. Metz

Ter. Index No. _____

County Registered No. 150

Arizona Territorial Board of Health

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH 352

PERSONAL AND STATISTICAL PARTICULARS

LENGTH OF RESIDENCE

At Place of Death 29 yrs 6 mos.
 In Arizona 11 yrs 11 mos.

SEX Woman COLOR OR RACE White X Chinese Indian
Black Mexican
 DATE OF BIRTH June 16 1873
 (month) (day) (year)

AGE 36 years 2 months 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or foreign country) Utah

OCCUPATION Sales Woman

NAME OF FATHER Timothy Metz
 BIRTHPLACE OF FATHER (State or foreign country) Holland

MAIDEN NAME OF MOTHER Johanna Meyerman
 BIRTHPLACE OF MOTHER (State or foreign country) Holland

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Edward Metz
 (Address) Mesa, Arizona

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 30 1909
 (month) (day) (year)

I hereby certify, That I attended deceased from Aug 3 1909 to Aug 30 1909
 that I last saw her alive on Aug 30 1909
 and that death occurred on the date stated above at 20 M.
 The DISEASE or INJURY causing DEATH was as follows:
Infantile jaundice

Where contracted Mesa Duration 3 mos

Contributing cause (if any) _____

Where contracted Long Beach Duration 3 mos

(Signed) J. J. Smith
 19 09 Address 700 Temple

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual residence _____ How long at _____
 Place of burial or removal _____ Date of burial or removal _____

Undertaker _____ Address _____

Filed 9-1 1909 H. J. P. Jones
 Filed Sept 6 1909 H. J. P. Jones Local Registrar
 County Register.

ORIGINAL RESERVED FOR BINDING. THIS IS A PERMANENT RECORD. FILL OUT ALL BLANKS.

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item can not be obtained insert the word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.